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Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90085 038 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N06466

1. Corporation Name

SAHARA BEACH CLUB MOTEL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business  
 275 FOUNTAINEBLEAU BLVD.  
 200  
 MIAMI FL 33172  
 US

Mailing Address  
 275 FOUNTAINEBLEAU BLVD.  
 200  
 MIAMI FL 33172  
 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	12/04/1984
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2499105
City & State	City & State	5. Certificate of Status Desired - <input type="checkbox"/>
23	28	<b>\$8.75</b> Additional Fee Required
Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
24	29	<b>\$5.00</b> May Be Added to Fees
	30	

9. Name and Address of Current Registered Agent

STRALEY, STEPHEN  
 3990 SHERIDAN STREET #109  
 HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, JOSE	1.2 NAME	DUVAL, Felix
STREET ADDRESS	10591 AVENIDA SANTA ANA	1.3 STREET ADDRESS	1760 S.W. 16 Terr
CITY-ST-ZIP	BOCA RATON FL 33498	1.4 CITY-ST-ZIP	MIAMI, FL 33145
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TINELLI, ROBERT	2.2 NAME	
STREET ADDRESS	236 ROBINSON AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10465	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALZARRANO, TRUDY	3.2 NAME	HIGINIO TORRES
STREET ADDRESS	1833 SW COLLINS AVE #171	3.3 STREET ADDRESS	19634 NW 83 PLACE
CITY-ST-ZIP	N MIAMI BEACH FL 33160	3.4 CITY-ST-ZIP	MIAMI, FL 33015-5959
TITLE	TD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONDE, ORLANDO	4.2 NAME	HIGINIO TORRES
STREET ADDRESS	2801 N.W. 7 STREET	4.3 STREET ADDRESS	19634 N.W. 83rd PLACE
CITY-ST-ZIP	MIAMI FL 33125	4.4 CITY-ST-ZIP	MIAMI, FL 33015-5959
TITLE	VPD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUVAL, FELIX	5.2 NAME	JOSE GIL
STREET ADDRESS	1760 S.W. 16 TERRACE	5.3 STREET ADDRESS	6921 Lochness Dr.
CITY-ST-ZIP	MIAMI FL 33145	5.4 CITY-ST-ZIP	MIAMI LAKES, FL 33141
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-99 305 207-9532  
Date Daytime Phone #

CR2E037 (11/98)